

Sponsor: TELACU  
Duns: [REDACTED]  
Project Name: TELACU Housing - Rialto II

## **EXHIBIT 9**

**CLIENT COMMENTS AND SUGGESTIONS (HUD-2994) – N/A**

# Survey on Ensuring Equal Opportunity For Applicants

OMB No 1890-0014 Exp 2/28/2009

## Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

## Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name:	THE EAST LOS ANGELES COMMUNITY UNION (TELACU)
Applicant's DUNS Name:	
Federal Program:	Section 202 Demonstration Pre-Development Grant Program
CFDA Number:	14.157

- |  |   |
|--|---|
| <p>1 Has the applicant ever received a grant or contract from the Federal government?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>2 Is the applicant a faith-based organization?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>3 Is the applicant a secular organization?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>4 Does the applicant have 501(c)(3) status?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> | <p>5 Is the applicant a local affiliate of a national organization?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>6 How many full-time equivalent employees does the applicant have? (Check only one box)</p> <p><input type="checkbox"/> 3 or Fewer      <input type="checkbox"/> 15-50</p> <p><input type="checkbox"/> 4-5      <input type="checkbox"/> 51-100</p> <p><input type="checkbox"/> 6-14      <input checked="" type="checkbox"/> over 100</p> <p>7 What is the size of the applicant's annual budget? (Check only one box)</p> <p><input type="checkbox"/> Less Than \$150,000</p> <p><input type="checkbox"/> \$150,000 - \$299,999</p> <p><input type="checkbox"/> \$300,000 - \$499,999</p> <p><input type="checkbox"/> \$500,000 - \$999,999</p> <p><input type="checkbox"/> \$1,000,000 - \$4,999,999</p> <p><input checked="" type="checkbox"/> \$5,000,000 or more</p> |
|--|---|

## **Survey Instructions on Ensuring Equal Opportunity for Applicants**

OMB No 1890-0014 Exp 2/28/2009

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

- 1 Self-explanatory
- 2 Self-identify
- 3 Self-identify
- 4 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
- 5 Self-explanatory
- 6 For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
- 7 Annual budget means the amount of money your organization spends each year on all of its activities.

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this

information collection is **1890-0014**. The time required

to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.

Sponsor: TELACU

Duns: [REDACTED]

Project Name: TELACU Housing - Rialto II

### EXHIBIT 1

The proposed project is a 75-unit, 64,000 square foot senior citizen residential complex located on the southwest corner of Foothill Boulevard and Cactus Avenue in the City of Rialto. The project site is approximately 110,700 square feet (2.54 acres), which will be maximized to develop a stepped two and three-story configuration.

The following details information and contact relative to the project:

- Project Name: TELACU Housing – Rialto II
- HUD Project Number: Application Pending
- Sponsor Address and Contact: 5400 East Olympic Boulevard, Suite 300  
Los Angeles, CA 90022  
323.721.1655  
ATTN: Tom F. Provencio
- Grant Request: \$400,000

Sponsor: TELACU  
Duns: [REDACTED]  
Project Name: TELACU Housing - Rialto II

**EXHIBIT 11**

**STANDARD FORM LLL, DISCLOSURE OF LOBBYING ACTIVITIES - N/A**

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a contract <input checked="" type="checkbox"/> b grant <input type="checkbox"/> c cooperative agreement <input type="checkbox"/> d loan <input type="checkbox"/> e loan guarantee <input type="checkbox"/> f loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a bid/offer/application <input checked="" type="checkbox"/> b initial award <input type="checkbox"/> c post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a initial filing <input type="checkbox"/> b material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee * Name: TELACU * Street 1: 5400 East Olympic Boulevard, Suite 300    * Street 2: * City: Los Angeles    * State: CA: California    * Zip: 90022 Congressional District if known: 34		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b>		
<b>6. * Federal Department/Agency:</b> U.S. Department of HUD	<b>7. * Federal Program Name/Description:</b> Supportive Housing for the Elderly CFDA Number, if applicable: 14.157	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix:    * First Name: N/A    Middle Name:    * Last Name: N/A    Suffix:    * Street 1:    * Street 2:    * City:    * State:    * Zip:		
<b>b. Individual Performing Services</b> (including address if different from No. 10a) Prefix:    * First Name: N/A    Middle Name:    * Last Name: N/A    Suffix:    * Street 1:    * Street 2:    * City:    * State:    * Zip:		
<b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b> <b>* Signature:</b> Completed on submission to Grants.gov <b>* Name:</b> Prefix: Mr.    * First Name: Tom    Middle Name: Florencio    * Last Name: Provencio    Suffix: <b>Title:</b> Authorized Agent <b>Telephone No.:</b> 323.721.1655 <b>Date:</b> Completed on submission to Grants.gov		
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-87)

Application for Federal Assistance SF-424

Version 02

\* 1 Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2 Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission

4. Applicant Identifier:

5a Federal Entity Identifier:

\* 5b Federal Award Identifier:

State Use Only:

6 Date Received by State:

7 State Application Identifier:

8. APPLICANT INFORMATION:

\* a Legal Name: THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

\* b Employer/Taxpayer Identification Number (EIN/TIN):

95-2554256

\* c Organizational DUNS:

d. Address:

\* Street1: 5400 East Olympic Boulevard, Suite 300

Street2:

\* City: Los Angeles

County:

Los Angeles

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 90022

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

\* First Name:

Tom

Middle Name:

Florencio

\* Last Name:

Provencio

Suffix:

Title: Authorized Agent

Organizational Affiliation:

\* Telephone Number: 323.721.1655

Fax Number: 323.721.3560

\* Email: tprovencio@telacu.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

\* 12. Funding Opportunity Number:

FR-5218-N-01

\* Title:

Section 202 Demonstration Pre-Development Grant Program

13. Competition Identification Number:

S202-DEMO

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Rialto, County of San Bernardino, CA

\* 15. Descriptive Title of Applicant's Project:

Pre-Development Program to assist Fiscal year 2008 Section 202 supportive housing of recipients.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a Applicant

\* b Program/Project

Attach an additional list of Program/Project Congressional Districts if needed

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a Start Date:

\* b End Date:

18. Estimated Funding (\$):

* a Federal	<input type="text" value="10,735,000.00"/>
* b Applicant	<input type="text" value="0.00"/>
* c State	<input type="text" value="0.00"/>
* d Local	<input type="text" value="5,000,000.00"/>
* e Other	<input type="text" value="0.00"/>
* f Program Income	<input type="text" value="0.00"/>
* g TOTAL	<input type="text" value="15,735,000.00"/>

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E O 12372 but has not been selected by the State for review
- ☐ c. Program is not covered by E O 12372

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

**Version 02**

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.



5400 E Olympic Blvd - Suite 300  
Los Angeles - CA 90022  
T 323.721.1655  
F 323.724.3372  
www.TELACU.com

December 4, 2008

California State Clearing House  
1400 Tenth Street, Room 121  
Sacramento, CA 95814

**Re: 2009 HUD Section 202 Demonstration Pre-Development Grant Program  
SWC Foothill Boulevard and Cactus Avenue  
Rialto, CA 92376**

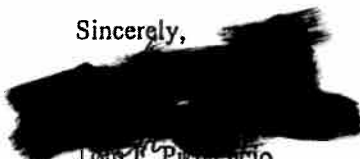
To whom it may concern:

TELACU is applying for a U.S. Department of Housing and Urban Development (HUD) Section 202 Demonstration Pre-Development Grant to develop senior citizen housing on the subject site in the city of Rialto.

As part of our submittal to HUD, enclosed please find a copy of Application for Federal Assistance SF-424.

Should you require any additional information in order to complete your review, please do not hesitate to contact our office. Your assistance is greatly appreciated.

Sincerely,



Tom F. Provencio  
Authorized Agent

TFP/as  
Enclosures 4



5400 E Olympic Blvd • Suite 300  
Los Angeles • CA 90022  
T 323.721.1655  
F 323.724.3372  
www.TELACU.com

December 4, 2008

Southern California Association of Governments  
818 West 7<sup>th</sup> Street, 12<sup>th</sup> Floor  
Los Angeles, CA 90017

**Re: 2009 HUD Section 202 Demonstration Pre-Development Grant Program  
SWC Foothill Boulevard and Cactus Avenue  
Rialto, CA 92376**

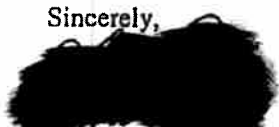
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Should you require any additional information in order to complete your review, please do not hesitate to contact our office. Your assistance is greatly appreciated.

Sincerely,



Tom F. Provencio  
Authorized Agent

TFP/as  
Enclosures 4

Sponsor: TELACU  
Duns: [REDACTED]  
Project Name: TELACU Housing - Rialto II

### **EXHIBIT 3**

#### **NARRATIVE DEMONSTRATING NEED FOR PRE-DEVELOPMENT FUNDING**

Attached is the HUD-2880 form, disclosing assistance from other government sources to be received in connection with the project.

The proposed predevelopment funding from HUD is essential to moving the project forward to construction start within eighteen months. While the site is owned by the City and does not require any option or land carrying costs, there are substantial out-of-pocket costs to move the project forward in a timely manner. These funds are beyond any budget of the sponsor and would require either borrowing funds, delaying some actions to persuade governmental sources to waive or delay some fees, or requesting participants to proceed without being paid.

Because of the high demand for architects, engineers, consultants, etc. in Southern California, it is difficult to get participants to pursue work on this project in a timely manner as their first priority, without getting compensation. While our team has worked together for many years, they are all business people and must keep their firms running by doing projects that pay their fees on a regular basis. As a result, the team is willing to carry the project for long periods but cannot put it at the top of their priority list. By enabling the sponsor to offer some upfront fees to the team, work will move to the top of the list for the various firms and move the project forward in an expeditious way.

We also experience substantial delays in getting our projects to be reviewed by governmental agencies because funds are not readily available for plan check fees or other city fees. By having funds to pay fees in a timely manner, we will be able to submit for plan check and get our project processed in an expedited manner. As we approach final plan check and the drawing down of a building permit, this becomes increasingly important to moving the project forward.

This additional funding source will assist the project to move forward at a faster pace and will get the whole team focused on making the deadlines. We believe the grant is essential to moving the project forward in the quickest way possible.

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011  
(exp 08/31/2009)

Applicant/Recipient Information

\* Duns Number: [REDACTED]

\* Report Type: INITIAL

**1 Applicant/Recipient Name, Address, and Phone (Include area code):**

\* Applicant Name:

THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

\* Street1: 5400 East Olympic Boulevard, Suite 300

Street2:

\* City: Los Angeles

County: Los Angeles

\* State: CA: California

\* Zip Code: 90022

\* Country: USA: UNITED STATES

\* Phone: 323 721 1655

**2 Social Security Number or Employer ID Number:** 95-2554256

**\* 3 HUD Program Name:**

Supportive Housing for the Elderly

**\* 4 Amount of HUD Assistance Requested/Received:** \$ 10,735,000.00

**5 State the name and location (street address, City and State) of the project or activity:**

\* Project Name: TELACU Housing - Rialto II

\* Street1: SWC Foothill Boulevard and Cactus Avenue

Street2:

\* City: Rialto

County: San Bernardino

\* State: CA: California

\* Zip Code: 92376

\* Country: USA: UNITED STATES

**Part I Threshold Determinations**

\* 1 Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants (For further information see 24 CFR Sec 4.3)

☒ Yes ☐ No

\* 2 Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD) , involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct 1-Sep 30)? For further information, see 24 CFR Sec 4.9

☒ Yes ☐ No

If you answered " No " to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form

**However,** you must sign the certification at the end of the report

**Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit

Department/State/Local Agency Name:

\* Government Agency Name:

Rialto Housing Authority

Government Agency Address:

\* Street1: 131 South Riverside Avenue

Street2:

\* City: Rialto

County: San Bernardino

\* State: CA: California

\* Zip Code: 92376

\* Country: USA: UNITED STATES

\* Type of Assistance: Grant

\* Amount Requested/Provided: \$ 5,000,000.00

\* Expected Uses of the Funds:

Land acquisition/on-site and off-site improvements

Department/State/Local Agency Name:

\* Government Agency Name:

Government Agency Address:

\* Street1:

Street2:

\* City:

County:

\* State:

\* Zip Code:

\* Country:

\* Type of Assistance:

\* Amount Requested/Provided: \$

\* Expected Uses of the Funds:

(Note: Use Additional pages if necessary )

Add Attachment

Delete Attachment

View Attachment

**Part III Interested Parties. You must decide**

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower)

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No or Employee ID No	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)	
Marie Phillips	417629607	Hsg Consultant	\$ 60,000.00	1.00%
			\$	%
			\$	%
			\$	%
			\$	%

(Note: Use Additional pages if necessary)

Add Attachment

Delete Attachment

View Attachment

**Certification**

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation. I certify that this information is true and complete.

\* Signature:

\* Date: (mm/dd/yyyy)

Completed Upon Submission to Grants.gov



Sponsor: TELACU  
Duns: 010720597  
Project Name: TELACU Housing - Rialto II

#### **EXHIBIT 4**

#### **PROPOSED PRE-DEVELOPMENT ACTIVITIES AND BUDGET**

The sponsor is proposing the following predevelopment activities and budget to assist the project's schedule and to expedite the timeframe for completing predevelopment activities within 18 months:

<b><u>PROPOSED ACTIVITY:</u></b>	<b><u>PROPOSED BUDGET:</u></b>
Consultant fee:	\$ 3,000
Appraisal:	\$ 4,000
Environmental Site Assessment:	\$ 3,000
Legal Fees:	\$ 4,000
Organizational Expenses:	\$ 1,000
Engineering Services:	\$ 12,000
Architectural Services:	\$ 100,000
Cost Analyst:	\$ 15,000
Impact Fees:	\$ 234,000
Permit/Variance fees:	\$ 24,000
<b>TOTAL ACTIVITIES:</b>	<b>\$ 400,000</b>

Sponsor: TELACU  
Duns: 010720597  
Project Name: TELACU Housing - Rialto II

## EXHIBIT 5

### PROJECT DEVELOPMENT SCHEDULE

The HUD Logic Model (form HUD-96010) was used in devising the activities and the proposed completion dates for the key issues and actions needed in reaching construction start within 18 months.

The sponsor has worked closely with HUD on many Section 202 projects and believes that the following schedule is achievable:

<b><u>ACTIVITY:</u></b>	<b><u>PROPOSED START DATE:</u></b>	<b><u>PROPOSED COMPLETION DATE:</u></b>
- Survey, soils, appraisal work	February 2009	April 2009
- Preliminary design work	January 2009	March 2009
- Preparation of CUP, WQMP and required planning docs.	April 2009	June 2009
- Legal incorporation & tax exemption applications	February 2009	October 2009
- Submission of CUP	May 2009	July 2009
- Preparation of working drawings and firm docs.	August 2009	October 2009
- Plan check	November 2009	January 2010
- Firm comm. processing	February 2010	March 2010
- Issuance of firm comm.	April 2010	April 2010
- Submission of closing docs.	May 2010	May 2010
- Closing at HUD	June 2010	June 2010

TELACU
Telacu - Rialto II
Year 2
<b>Section 202</b>

Period:	
Start Date:	
End Date:	

Section 202

[illegible]



TELACU
Telacu - Rialto II
Year 2

TELACU
Telacu - Rialto II
Year 2

Section 202

[illegible]

Component Name:

0

Evaluation Tools

7

Accountability

A. Tools for Measurement

Database

B. Where Data Maintained

Agency database

C. Source of Data

Progress reports

D. Frequency of Collection

Annually

E. Processing of Data

0
Evaluation Tools
7
Accountability

Component Name:

0



7

Accountability



Sponsor: TELACU  
Duns: [REDACTED]  
Project Name: TELACU Housing - Rialto II

**EXHIBIT 7**

**THIRD-PARTY DOCUMENTATION FACSIMILE TRANSMITTAL (HUD-96011) – N/A**

Sponsor: TELACU  
Duns: [REDACTED]  
Project Name: TELACU Housing - Rialto II

**EXHIBIT 8**

**ACKNOWLEDGMENT OF APPLICATION RECEIPT (HUD-2993) - N/A**

# Acknowledgment of Application Receipt

U.S. Department of Housing  
and Urban Development

Type or clearly print the Applicant's name and full address in the space below

The East Los Angeles Community Union (TELACU)  
5400 East Olympic Boulevard Suite 300  
Los Angeles, CA 90022  
ATTN: Tom F. Provencio

(fold line)

Type or clearly print the following information:

Name of the Federal  
Program to which the  
applicant is applying:

S202 Demo Pre-Development Program

## To Be Completed by HUD

☐ HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.

☐ HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:

☐ Enclosed

☐ Being sent under separate cover

Processor's Name

Date of Receipt

## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	PREDEVEXHIBIT1 1pg.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	PREDEVEXHIBIT2 6pages.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	PREDEVEXHIBIT3 1pg.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	PREDEVEXHIBIT3a 3pgs.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	PREDEVEXHIBIT4 1pg.pdf	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	PREDEVEXHIBIT5 1pg.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	PREDEVEXHIBIT6LM 4pgs.xls	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	PREDEVEXHIBIT7 1pg.pdf	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	PREDEVEXHIBIT8 2pgs.pdf	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	PREDEVEXHIBIT9 1pg.pdf	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	PREDEVEXHIBIT10 2pgs.pdf	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	PREDEVEXHIBIT11 2pgs.pdf	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

[Close Form](#)[Next](#)

# Survey on Ensuring Equal Opportunity For Applicants

OMB No. 1890-0014 Exp. 2/28/2009

**Purpose:**

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Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey**

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

Applicant's DUNS Name: [REDACTED]

Federal Program: Section 202 Demonstration Pre-Development Grant Program

CFDA Number: 14.157

1. Has the applicant ever received a grant or contract from the Federal government?

☒ Yes ☐ No

2. Is the applicant a faith-based organization?

☐ Yes ☒ No

3. Is the applicant a secular organization?

☐ Yes ☒ No

4. Does the applicant have 501(c)(3) status?

☒ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?

☐ Yes ☒ No

6. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or Fewer ☐ 15-50☐ 4-5 ☐ 51-100☐ 6-14 ☒ over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less Than \$150,000☐ \$150,000 - \$299,999☐ \$300,000 - \$499,999☐ \$500,000 - \$999,999☐ \$1,000,000 - \$4,999,999☒ \$5,000,000 or more

**Survey Instructions on Ensuring Equal Opportunity for Applicants**

OMB No. 1890-0014 Exp. 2/28/2009

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

**Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this

information collection is **1890-0014**. The time required

to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

**If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** The Agency Contact listed in this grant application package.

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011  
(exp. 08/31/2009)

**Applicant/Recipient Information**

\* Duns Number: [REDACTED]

\* Report Type: INITIAL

**1. Applicant/Recipient Name, Address, and Phone (include area code):**

\* Applicant Name:

THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

\* Street1: 5400 East Olympic Boulevard, Suite 300

Street2:

\* City: Los Angeles

County: Los Angeles

\* State: CA: California

\* Zip Code: 90022

\* Country: USA: UNITED STATES

\* Phone: 323.721.1655

**2. Social Security Number or Employer ID Number:** 95-2554256

\* **3. HUD Program Name:**

Supportive Housing for the Elderly

\* **4. Amount of HUD Assistance Requested/Received: \$** 10,735,000.00

**5. State the name and location (street address, City and State) of the project or activity:**

\* Project Name: TELACU Housing - Rialto II

\* Street1: SWC Foothill Boulevard and Cactus Avenue

Street2:

\* City: Rialto

County: San Bernardino

\* State: CA: California

\* Zip Code: 92376

\* Country: USA: UNITED STATES

**Part I Threshold Determinations**

\* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☒ Yes ☐ No

\* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9

☒ Yes ☐ No

If you answered " No " to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

**However,** you must sign the certification at the end of the report.

Form HUD-2880 (3/99)

**Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

\* Government Agency Name:

Rialto Housing Authority

Government Agency Address:

\* Street1: 131 South Riverside Avenue

Street2:

\* City: Rialto

County: San Bernardino

\* State: CA: California

\* Zip Code: 92376

\* Country: USA: UNITED STATES

\* Type of Assistance: Grant

\* Amount Requested/Provided: \$ 5,000,000.00

\* Expected Uses of the Funds:

Land acquisition/on-site and off-site improvements

Department/State/Local Agency Name:

\* Government Agency Name:

Government Agency Address:

\* Street1:

Street2:

\* City:

County:

\* State:

\* Zip Code:

\* Country:

\* Type of Assistance:

\* Amount Requested/Provided: \$

\* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment



**Part III Interested Parties.** You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
Marie Phillips	417629607	Hsg Consultant	\$ 60,000.00 1.00 %
			\$ %
			\$ %
			\$ %
			\$ %

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

**Certification**

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation. I certify that this information is true and complete.

\* Signature:

\* Date: (mm/dd/yyyy)

Tom Provencio

01/26/2009

## Facsimile Transmittal

1232573204-2987

U. S. Department of Housing  
and Urban Development  
Office of Department Grants  
Management and Oversight

OMB Approval No. 2525-0118  
exp. Date (5/30/2008)

\* Name of Document Transmitting: Facsimile Transmittal

## 1. Applicant Information:

\* Legal Name: THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

\* Address:

\* Street1: 5400 East Olympic Boulevard, Suite 300

Street2:

\* City: Los Angeles

County: Los Angeles

\* State: CA: California

\* Zip Code: 90022

\* Country: USA: UNITED STATES

## 2. Catalog of Federal Domestic Assistance Number:

\* Organizational DUNS: [REDACTED] CFDA No.: 14.157

Title: Supportive Housing for the Elderly

Program Component:

## 3. Facsimile Contact Information:

Department:

Division:

## 4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: Mr.

\* First Name: Tom

Middle Name: Florencio

\* Last Name: Provencio

Suffix:

\* Phone Number: 323.721.1655

Fax Number: 323.721.3560

\* 5. Email: tprovencio@telacu.com

## \* 6. What is your Transmittal? (Check one box per fax)

☐ a. Certification ☐ b. Document ☐ c. Match/Leverage Letter ☒ d. Other

\* 7. How many pages (including cover) are being faxed?

1

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

## \* Other (Specify)

## \* 3. Date Received:

01/26/2009

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name:

THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-2554256

## \* c. Organizational DUNS:

## d. Address:

## \* Street1:

5400 East Olympic Boulevard, Suite 300

## Street2:

## \* City:

Los Angeles

## County:

Los Angeles

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

90022

## e. Organizational Unit:

## Department Name:

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Mr.

## \* First Name:

Tom

## Middle Name:

Florencio

## \* Last Name:

Provencio

## Suffix:

## Title:

Authorized Agent

## Organizational Affiliation:

## \* Telephone Number:

323.721.1655

## Fax Number:

323.721.3560

## \* Email:

tprovencio@telacu.com

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

US Department of Housing and Urban Development

## 11. Catalog of Federal Domestic Assistance Number:

14.157

## CFDA Title:

Supportive Housing for the Elderly

## \* 12. Funding Opportunity Number:

FR-5218-N-01

## \* Title:

Section 202 Demonstration Pre-Development Grant Program

## 13. Competition Identification Number:

S202-DEMO

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Rialto, County of San Bernardino, CA

## \* 15. Descriptive Title of Applicant's Project:

Pre-Development Program to assist Fiscal year 2008 Section 202 supportive housing of recipients.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 34

\* b. Program/Project 43

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 01/01/2009

\* b. End Date: 06/30/2010

## 18. Estimated Funding (\$):

* a. Federal	10,735,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	5,000,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	15,735,000.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 12/04/2008 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

Explanation

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mr. \* First Name: Tom

Middle Name: Florencio

\* Last Name: Provencio

Suffix:

\* Title: Authorized Agent

\* Telephone Number: 323.721.1655 Fax Number: 323.721.3560

\* Email: tprovencio@telacu.com

\* Signature of Authorized Representative: Tom Provencio \* Date Signed: 01/26/2009

**Application for Federal Assistance SF-424**

Version 02

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

## DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352**

Approved by OMB

0348-0046

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
--	--	--

**4. Name and Address of Reporting Entity:**  
☒ Prime    ☐ SubAwardee  
 \* Name:   
 \* Street 1:     Street 2:   
 \* City:     State:     Zip:   
 Congressional District, if known:

**5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:**

<b>6. * Federal Department/Agency:</b> <input style="width: 450px;" type="text" value="U.S. Department of HUD"/>	<b>7. * Federal Program Name/Description:</b> <input style="width: 450px;" type="text" value="Supportive Housing for the Elderly"/> CFDA Number, if applicable: <input style="width: 100px;" type="text" value="14.157"/>
<b>8. Federal Action Number, if known:</b> <input style="width: 450px;" type="text"/>	<b>9. Award Amount, if known:</b> \$ <input style="width: 150px;" type="text"/>

**10. a. Name and Address of Lobbying Registrant:**  
 Prefix  \* First Name  Middle Name   
 \* Last Name  Suffix   
 \* Street 1:     Street 2:   
 \* City:     State:     Zip:

**b. Individual Performing Services** (including address if different from No. 10a)  
 Prefix  \* First Name  Middle Name   
 \* Last Name  Suffix   
 \* Street 1:     Street 2:   
 \* City:     State:     Zip:

**11.** Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**\* Signature:**   
**\* Name:** Prefix  \* First Name  Middle Name   
 \* Last Name  Suffix   
**Title:**     **Telephone No.:**     **Date:**

Authorized for Local Reproduction  
 Standard Form - LLL (Rev. 7-97)